



# PROFESSIONAL LIMITED LIABILITY PARTNERSHIP REGISTRATION

SECRETARY OF STATE

SFN 50239w (50239 + 7974) (06-2006)

FOR OFFICE USE ONLY

|            |     |
|------------|-----|
| ID Number: |     |
| WO Number: |     |
| Filed:     | By: |

## 1. FILING FEES

- A. New registration with two managing partners \$ 25.00  
Each additional managing partner (not to exceed \$250) 3.00  
B. Registered Agent Consent to Serve which must accompany  
a new registration or an amended registration if the  
registered agent has changed 10.00  
C. Amended registration 25.00

## 2. This registration is a(n)

- ☐ New registration  
☐ Amended registration

## 3. Attach a certificate from the North Dakota regulating board of the profession involved certifying that each of the partners is licensed to practice the profession.

## 4. Attach a signed Registered Agent Consent to Serve with fee.

For reference, see North Dakota Century Code, Chapters 10-31 and 45-22.

**SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS.**

TYPE OR PRINT LEGIBLY

|  |  |                              |                 |                                    |   |       |                      |                            |  |
|--|--|------------------------------|-----------------|------------------------------------|---|-------|----------------------|----------------------------|--|
| 5. Name of the professional limited liability partnership:   |  |                              |                 |                                    | 6. Federal ID #:                                      |       |                      |                            |  |
| 7. Complete mailing address of principal executive office which <u>may not be only a post office box</u> : (Street/RR, PO Box if applicable, City, State, Zip+4)   |  |                              |                 |                                    |   |       |                      |                            |  |
| 8. Effective date of registration: (check box)<br><input type="checkbox"/> At the time of filing with the Secretary of State<br><input type="checkbox"/> At a later date within 90 days as specified _____<br>(month, day, year)   |  |                              |                 |                                    | 9. Telephone #:                                       |       |                      | 10. Toll-free telephone #: |  |
| 11. The profession practiced in North Dakota:  |  |                              |                 |                                    |   |       |                      |                            |  |
| 12. Name of registered agent <u>in North Dakota</u> : (SEE INSTRUCTION)  |  |                              |                 |                                    | 13. Federal ID/Social Security # of registered agent: |       |                      |                            |  |
| 14. Complete address of registered agent <u>in North Dakota</u> which may not be only a post office box: (Street, PO Box if applicable, City, State, Zip+4)  |  |                              |                 |                                    |   |       |                      |                            |  |
| 15. Names of all partners <u>who will practice in North Dakota</u> , their Social Security/Federal ID #'s, and their residence addresses:  |  |                              |                 |                                    |   |       |                      |                            |  |
| NAME   | Check box if partner is a managing partner | SOCIAL SECURITY/FEDERAL ID # | Street/RR       | COMPLETE MAILING ADDRESS<br>PO Box | City  | State | Zip +4               |                            |  |
|  | <input type="checkbox"/>                   |                              |                 |                                    |   |       |                      |                            |  |
|  | <input type="checkbox"/>                   |                              |                 |                                    |   |       |                      |                            |  |
|  | <input type="checkbox"/>                   |                              |                 |                                    |   |       |                      |                            |  |
|  | <input type="checkbox"/>                   |                              |                 |                                    |   |       |                      |                            |  |
|  | <input type="checkbox"/>                   |                              |                 |                                    |   |       |                      |                            |  |
|  | <input type="checkbox"/>                   |                              |                 |                                    |   |       |                      |                            |  |
| 16. "The partnership elects to be a professional limited liability partnership as provided by North Dakota Century Code, Chapters 10-31 and 45-22.<br>The undersigned managing partners have read the foregoing registration, know the contents thereof, and believe the statements made thereon to be true."<br>Signature: _____ Date: _____ Signature: _____ Date: _____<br>Signature: _____ Date: _____ Signature: _____ Date: _____<br>Signature: _____ Date: _____ Signature: _____ Date: _____ |  |                              |                 |                                    |   |       |                      |                            |  |
| 17. Name of person to contact about this amendment:  |  |                              | E-Mail Address: |                                    |   |       | Daytime Telephone #: |                            |  |

## INSTRUCTIONS FOR PROFESSIONAL LIMITED LIABILITY PARTNERSHIP REGISTRATION

A professional limited liability partnership must file a Professional Limited Liability Partnership Registration with the Secretary of State. Anyone acting as a limited liability partnership without a registration in effect is jointly and severally liable for all debts and liabilities incurred or arising as a result.

The following numbers correspond to the numbered sections on the front of this form.

1. **FILING FEES:** New registration with two managing partners \$25  
 For each additional managing partner \$3 (but not to exceed \$250)  
 Registered Agent Consent to Serve \$10  
 Amended registration \$25  
 (Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. The Secretary of State accepts credit card payments using VISA, MasterCard, or Discover.)
2. Indicate whether the application is being submitted for a new registration or an amended registration.
3. Attach a certificate from the North Dakota regulating board of the profession identified in number 11 certifying that each of the partners who will practice the profession in North Dakota is licensed to practice in North Dakota.
4. Attach a Registered Agent Consent to Serve signed by the registered agent identified in number 12. The fee for the Registered Agent Consent to Serve is \$10 and is in addition to the registration fee. The Registered Agent Consent to Serve is required for all new registrations and for those amended registrations reflecting a change of registered agent.
5. Provide the name of the limited liability partnership. The name must include the words "professional limited liability partnership", or the abbreviations "P.L.L.P.", or "PLL".  
  
 The name may not be the same as, or deceptively similar to, any corporate name, limited liability company name, trade name, limited partnership name, limited liability partnership name, limited liability limited partnership name, or a name which is in any manner reserved with the Secretary of State.
6. A limited liability partnership's Federal ID number is helpful to maintain accurate records. Please provide if you have one.  
  
**Privacy:** In compliance with North Dakota Law, Federal ID numbers and social security numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate limited liability partnership files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the registration.
7. Provide a complete address of the principal executive office of the limited liability partnership. In this section, an address must include a street or rural address, a postal box if applicable, and the city, state and zip code with 4 digit extension. This address cannot only be a post office box number.  
  
 Check either box to define the effective date of the limited liability partnership. A limited liability partnership may be effective at the time the registration is filed by the Secretary of State, or at a later date within 90 days after the filing. If a later effective date is preferred, specify the date (month, day and year). If neither box is checked, the registration will be effected when filed with the Secretary of State.
8. The telephone number of the principal executive office of the limited liability partnership is required.
9. Provide a toll-free telephone number if the limited liability partnership has one.
10. Identify the profession the limited liability partnership intends to practice in North Dakota.
11. Provide the name of the registered agent in North Dakota. A limited liability partnership must continuously maintain a registered agent and address in North Dakota. A limited liability partnership cannot serve itself as its registered agent. The registered agent may be one of the following:
  - a) An individual residing in North Dakota,
  - b) A domestic or foreign corporation,
  - c) A domestic or foreign limited liability company, or
  - d) Another domestic or foreign limited liability partnership.
 A corporation, limited liability company, or limited liability partnership appointed to serve as registered agent must be registered with the Secretary of State, be in good standing, and have a business address in North Dakota. If a corporation, limited liability company, or limited liability partnership is being named as registered agent, provide the "correct" name of the organization.
12. To properly identify registered agents, the Federal ID number or Social Security number of the registered agent is required.
13. Provide the complete address in North Dakota of the appointed registered agent. This address cannot only be a post office box number. (See definition of complete mailing address in number 7.)
14. List the names, Social Security or Federal ID numbers, and complete mailing addresses of all partners who will practice the profession in North Dakota. (See **Privacy** statement in number 6.) If adequate space is not provided to list all practicing partners, attach an additional schedule listing all others. Designate the managing partners by checking the box after their names.
15. The registration must be dated and signed by one or more managing partners authorized by the limited liability partnership.
16. List the name, email address and daytime telephone number of a contact person if this office has any questions or needs additional information to file this registration.

(continued)

## INSTRUCTIONS FOR PROFESSIONAL LIMITED LIABILITY PARTNERSHIP REGISTRATION (CONTINUED)

**ASSISTANCE:** If assistance is required to complete the form, contact the Secretary of State.

**FAX FILING:** A document and Credit Card Payment Authorization may be faxed to 701-328-2992. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

**EMAIL:** Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

**MAILING INSTRUCTIONS:** Send the form and filing fee to:

Secretary of State  
State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500

Telephone: 701-328-4284    Toll Free: 800-352-0867 (84284)    Fax: 701-328-2992    Web Site: [www.nd.gov/sos](http://www.nd.gov/sos)

**ANNUAL REPORT:** An annual report is required of a professional limited liability partnership on April 1st in the year after filing the Professional Limited Liability Partnership Registration. Annual report forms are mailed to the registered agent.



### CREDIT CARD PAYMENT AUTHORIZATION SECRETARY OF STATE SFN 51478 (06-03)

(All items required to complete transaction)

|  |  |  |  |
|--|--|--|--|
| Name:  |  |  |  |
| Address:   |  | City:  | State:    Zip Code:  |
| <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover |  | Signature: (Required by credit card companies)                                 |  |
| Account Number:  | V #  | Card Expires:<br>Month    Year   | Date:  |
| <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>                       | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |



**REGISTERED AGENT  
CONSENT TO SERVE**  
SECRETARY OF STATE  
SFN 7974 (06-2006)

**FOR OFFICE USE ONLY**

|        |     |
|--------|-----|
| ID#:   |     |
| WO#:   |     |
| Filed: | By: |

SEE REVERSE SIDE FOR FILING AND MAILING INSTRUCTIONS

**1. FILING FEE: \$10.00**

**TYPE OR PRINT LEGIBLY**

|   |   |
|---|---|
| 2. Name of the organization for which the registered agent is to serve (corporation, limited liability company, limited liability partnership, limited partnership, limited liability limited partnership or real estate investment trust):   |   |
| 3. Name of the registered agent:  |   |
| 4. Registered agent is (Check one)<br><input type="checkbox"/> An individual North Dakota resident<br><input type="checkbox"/> A corporation<br><input type="checkbox"/> A limited liability company<br><input type="checkbox"/> A limited liability partnership  | 5. Federal ID # or social security # of registered agent: |
| 6. According to state law, the newly appointed registered agent must sign a statement of consent to serve in that capacity (see instruction number 6 for authorized signers).<br><br>"The undersigned, as the newly appointed registered agent for the organization named in number 2, consents to act as the registered agent for this organization until a change or resignation is submitted to the Secretary of State according to the provisions of North Dakota state law."<br><br>Signature of Registered Agent: _____ Date: _____ |   |

## INSTRUCTIONS FOR REGISTERED AGENT CONSENT TO SERVE

The following organizations must continuously maintain a registered agent on file with the Secretary of State.

- a) Domestic and foreign business corporations
- b) Domestic and foreign nonprofit corporations
- c) Domestic and foreign professional corporations
- d) Domestic farm corporations
- e) Domestic farm limited liability companies
- f) Domestic and foreign limited liability companies
- g) Domestic and foreign professional limited liability companies
- h) Domestic and foreign limited liability partnerships
- i) Domestic and foreign limited partnerships
- j) Domestic and foreign limited liability limited partnerships
- k) Real estate investment trusts

A consent signed by the appointed registered agent is required with the appointment.

The following numbers correspond to the numbered sections on the front of this form.

1. **FILING FEE: \$10.00.** This fee is in addition to that required for the documents in which the registered agent appointment is included. (Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payment may also be made by credit card using VISA, Master Card, or Discover).
2. Provide the correct name of the organization for which the appointed registered agent is to serve. (Punctuation and abbreviations must be consistent with the correct organization name.)
3. Provide the name of the registered agent. The format of the name must be consistent with that on the documents on which the appointment of the registered agent is declared. If a corporation, limited liability company, or limited liability partnership is named as the registered agent, provide the organization's correct name. (Punctuation and abbreviations must be consistent with the correct organization name.)
4. Indicate the appropriate status of the registered agent. **An individual residing in North Dakota** may serve as registered agent for any organization, **or another organization** may serve as registered agent. However, an organization **may not serve itself as its own registered agent.** A corporation or limited liability company may serve as the registered agent for another corporation, a limited liability company, a limited liability partnership, a limited partnership, a limited liability limited partnership, or a real estate investment trust. A limited liability company may serve as the registered agent for another limited liability company, a corporation, a limited liability partnership, a limited partnership, a limited liability limited partnership, or a real estate investment trust. A limited liability partnership **may only** serve as the registered agent for another limited liability partnership.
5. As applicable, insert the social security number or the Federal ID number.  
  
**Privacy:** In compliance with North Dakota laws, the numbers are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate files. Therefore, while voluntary disclosure is requested, failure to do so will not result in the rejection of the Consent to Serve.
6. Whether an individual or an organization, the newly appointed registered agent named in number 2 must sign this consent. If the newly appointed agent is a corporation, limited liability company, or a limited liability partnership, the consent may be signed by an officer, a manager, a partner, or other individual authorized by the organization that is named as the newly appointed registered agent.

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**MAILING INSTRUCTIONS:** Send the form and filing fee to:

Secretary of State  
State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500